

Applicant or Patentee: Csaba Truckai et al.  
Appln. or Patent No.: NEW  
Filed or Issued: HEREWITH  
For: A MOISTURE TRANSPORT SYSTEM FOR CONTACT ELECTROCOAGULATION

Attorney's  
Docket No.: ENVS-220

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am  
☐ the owner of the small business concern identified below:  
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Novacept  
ADDRESS OF CONCERN 1047 Elwell Court, Palo Alto, CA 94303

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled A MOISTURE TRANSPORT SYSTEM FOR CONTACT ELECTROCOAGULATION by inventor(s) Csaba Truckai et al. described in

☒ the specification filed herewith with title as listed above.  
☐ application no. , filed .  
☐ patent no. , issued .

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time or paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Csaba Truckai  
TITLE OF PERSON OTHER THAN OWNER Vice Pres. of Research and Development  
ADDRESS OF PERSON SIGNING 1047 Elwell Court, Palo Alto, CA 94303

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DECLARATION FOR CIP PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**MOISTURE TRANSPORT SYSTEM FOR CONTACT ELECTROCOAGULATION**

the specification of which (check one) X is attached hereto or \_\_\_ was filed on \_\_\_ as Application No. \_\_\_ and was amended on \_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
			Yes	No
Number	Country	Day/Month/Year Filed	_____	_____
Number	Country	Day/Month/Year Filed	_____	_____

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) below.

<u>60/084,791</u>	<u>May 8, 1998</u>
Application Number	Filing Date
Application Number	Filing Date

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>08/632,516 [Patent No. 5,769,880]</u>	<u>April 12, 1996</u>	<u>Patented</u>
Application Number	Filing Date	Status: Patented, Pending, Abandoned
Application Number	Filing Date	Status: Patented, Pending, Abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Csaba Truckai

Inventor's signature \_\_\_\_\_

Date

Residence 627 Alberta Avenue, Sunnyvale, CA 94087

Citizenship USA

Post Office Address 627 Alberta Avenue, Sunnyvale, CA 94087

Full name of second joint inventor, if any, Russel Mahlon Sampson

Inventor's signature \_\_\_\_\_

Date

Residence 271 Diablo Ave, Mountain View, CA 94043

Citizenship USA

Post Office Address 271 Diablo Ave, Mountain View, CA 94043

Full name of third joint inventor, if any, Stephanie Squarcia

Inventor's signature \_\_\_\_\_

Date

Residence 411 California Ave, Apt. 14, Palo Alto, CA 94306

Citizenship USA

Post Office Address 411 California Ave, Apt. 14, Palo Alto, CA 94306

Full name of fourth joint inventor, if any, Alfonzo Lawrence Ramirez

Inventor's signature \_\_\_\_\_

Date

Residence 2911 Betsy Way, San Jose, CA 95133

Citizenship USA

Post Office Address 2911 Betsy Way, San Jose, CA 95133

Full name of fifth joint inventor, if any, Estela Hilario

Inventor's signature \_\_\_\_\_

Date

Residence 887 Altos Oaks Dr., Los Altos, CA 94024

Citizenship USA

ASSIGNMENT

WHEREAS, WE, Csaba Truckai, Russel Mahlon Sampson, Stephanie Squarcia, Alfonzo Lawrence Ramirez and Estela Hilario hereinafter referred to as "ASSIGNORS", have invented certain new and useful improvements as described and set forth in the below-identified application for United States Letters Patent:

Title of Invention: A MOISTURE TRANSPORT SYSTEM FOR CONTACT ELECTROCOAGULATION

Application (Declaration/Oath) Execution Date: July 31, 1998 and August 4, 1998

Filing Date: June 23, 1998 Application No.: 09/103,072

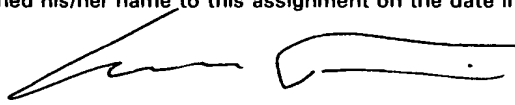
WHEREAS, Novacept, a corporation of the State of California, 1047 Elwell Court, Palo Alto, CA 94303 hereinafter referred to as "ASSIGNEE", is desirous of acquiring the entire right, title and interest in the said invention and application and in any Letters Patent which may be granted on the same;

NOW, THEREFORE, TO ALL WHOM IT MAY CONCERN: Be it known that, for One Dollar (\$1.00) and other good and valuable consideration, receipt of which is hereby acknowledged by Assignors, Assignors have sold, assigned and transferred, and by these presents do sell, assign and transfer unto the said Assignee, and Assignee's successors and assigns, all right, title and interest in and to the said invention, said application for United States Letters Patent, and any Letters Patent which may hereafter be granted on the same in the United States and all countries throughout the world including any divisions, renewals, continuations in whole or in part, substitutions, conversions, reissues, prolongations or extensions thereof, said interest to be held and enjoyed by said Assignee as fully and exclusively as it would have been held and enjoyed by said Assignors had this assignment and transfer not been made, to the full end and term of any such Letters Patent.

Assignors further agree that they will, without charge to said Assignee, but at Assignee's expense, cooperate with Assignee in the prosecution of said application and/or applications, execute, verify, acknowledge and deliver all such further papers, including applications for Letters Patent and for the reissue thereof, and instruments of assignment and transfer thereof, and will perform such other acts as Assignee lawfully may request, to obtain or maintain Letters Patent for said invention and improvement in any and all countries, and to vest title thereto in said Assignee, or Assignee's successors and assigns.

IN TESTIMONY WHEREOF, Assignor has hereunto signed his/her name to this assignment on the date indicated below.

Date: 8/5/98

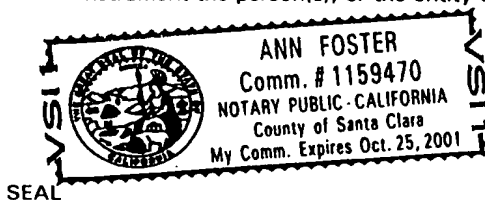
  
Csaba Truckai

State of CA

County of SANTA CLARA

On 8/5/98 before me, ANN FOSTER

personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

  
Signature of Notary

IN TESTIMONY WHEREOF, Assignor has hereunto signed his/her name to this assignment on the date indicated below.

Date: 08.05.98

Russel Mahlon Sampson

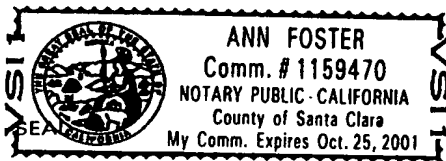
Russel Mahlon Sampson

State of CA

County of Santa Clara

On 8/5/98 before me, ANN FOSTER

personally appeared RUSSEL MAHLON SAMPSON personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Ann Foster  
Signature of Notary

IN TESTIMONY WHEREOF, Assignor has hereunto signed his/her name to this assignment on the date indicated below.

Date: 8/5/98

Stephanie Squarcia

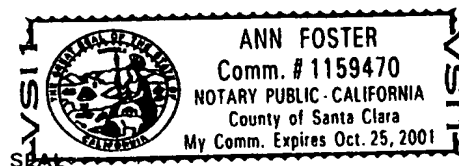
Stephanie Squarcia

State of CA

County of Santa Clara

On 8/5/98 before me, ANN FOSTER

personally appeared Stephanie Squarcia personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Ann Foster  
Signature of Notary

IN TESTIMONY WHEREOF, Assignor has hereunto signed his/her name to this assignment on the date indicated below.

Date: 8-5-98

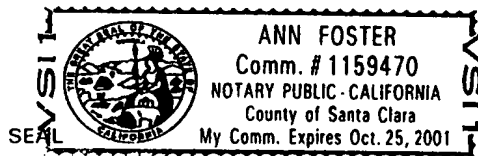
Alfonzo Lawrence Ramirez  
Alfonzo Lawrence Ramirez

State of CA

County of Santa Clara

On 8/5/98 before me, ANN FOSTER

personally appeared Alfonzo L. Ramirez personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Ann Foster  
Signature of Notary

IN TESTIMONY WHEREOF, Assignor has hereunto signed his/her name to this assignment on the date indicated below.

Date: 8-5-98

Estela Hilario  
Estela Hilario

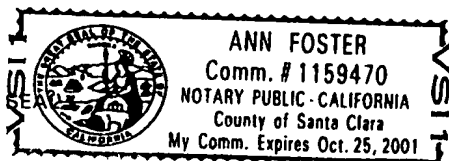
State of CA

County of Santa Clara

On 8/5/98 before me, ANN FOSTER

personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



Ann Foster  
Signature of Notary